MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. and deal PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 를 YES letely executed within remoya carbon NAME OF First Middie Last DATE Month Oav DECEASED ATHAN event, compl (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH NEVER MARRIED TV MARRIEO iast birthday) Months I Oavs Hours an OIVORCED [COIGREQ WIDOWEO YES. physician an please raysi, and in 5 10d. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT PHYSICIAN: The law requires that the death certificate be COUNTRY? FATHER'S NAME removal, MOTHER'S MAIOEN NAME 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. 5 (Yes, no, or unkown) | (If yes give war or dates of service) cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ial-transit ó PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Conditions, if any, which peen gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? for use Health certificate the hospital or NO T YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury in Part I or Part II of Item 18.) ö OR CONTRIBUTING | CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) be de State Hour a.m. While Not While ATTENDING at work at work P the 21. I certify that (I) (this hospital) attended the depeased from DIRECTOR: age 3 should lied with the saw the deceased alive on 22a SIGNATURE page M.O. DIRECTOR PHYS. HOSPITAL FUNERAL 220 PHYSICIAN'S 22d. AODRESS TO FUNERA director, should be MAME (Type) 23b. OATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county (State) BURIAL, CREMATION, 23c. 0 REMOVAL (Specify) FUNERAL DIRECTOR AOORESS REC'D BY REGISTRAR REGISTRAR'S 1366 VR A15 (4) 20M

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2 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	11885 MEDICAL EXAMINER'S CERTIFICATE OF DEATH RC 11881
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xecuted within ading" in pencil Medical Examine permit. File pagi	13. FATHER'S NAME Edward Arthur 14. MOTHER'S MAIDEN NAME Mary Ostrander Mary Ostrander Address (Yes, no, Trunknown) (If yes give war ar dates of service) 201-01-6177T Mrs. Grace H. Hatfield Deedstown Md,
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MEDICAL EXAMINER: This please execute the certificate, all directar. Page 4 shauld be faretained far yaur files. L DIRECTOR: Page 3 shauld be us its designated agent, prior ta but the certification of the certification	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Hour o.m. 736 p.m. Ang P 19 65 of two While at wark of two control of the remains described obove, held on Autopsy (Autopsy (County)) 21. I certify that I took charge of the remains described obove, held on Autopsy (Autopsy (County)) death resulted from: Notural causes (County), Suicide (County), Suicide (County), Undetermined manner (County)
O DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your of FUNERAL DIRECTOR: Page Health or its designated age	ACTUAL SIGNATURE EXAMINER'S NAME (Type) ACTUAL SIGNATURE OHIGH MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Cextre wille and
VR A15ME (5)	230. BURIAL GREMATION, REMOVED (Specify) 231. DATE THEREOF 232. NAME OF CEMETERY OR, CREMATORY 233. DUAL MORE PENNA 24. FUNERAL DIRECTOR 250. RCD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE PENNA 26. FUNERAL DIRECTOR 27. Boulander 28. REGISTRAR'S SIGNATURE PENNA PENNA 28. REGISTRAR'S SIGNATURE PENNA

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edinission) e. COUNTY TALBOT b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) write RURAL and give naarest lown) Norfolk EASTON DOA 4:30P d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL YES NO Y NAME OF Middle DATE Month Year DECEASED OF BOWSER ANDREW LEEK AUG 30 (Type or print) 66 DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. MALE 16,19040 Months WIDOWED DIVORCED [10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) Domestic Richmond USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry H. Bowser Betty L. Bland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we rordeles of service 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH RUPTURE OF ANEURYSM OF AORTA IMMEDIATE CAUSE (a) IMMED. DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), steling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CATION PERFORMED? YES K NO CERTIFIC 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Hour e.m. Not While et work | et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER please executed should be for FO FUNERAL 1 Health or its d ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE F O REPUTY MEDICAL EXAMINER Y 9-1-66 EXAMINER'S WELTY NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Stete) REMOVAL (Specify) Norfolk Cemetery Norfolk Virgini FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE

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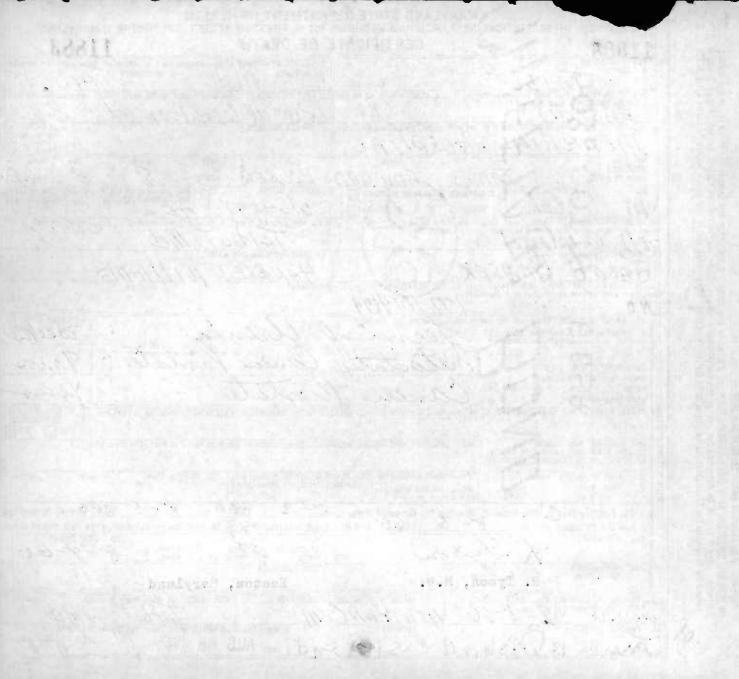
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OR AT DIRECT Sign 3 Sign 3 Sig		22a. SIGNATURE	ATTENDING - MED.	STAFF 22b. DATE SIGNED	
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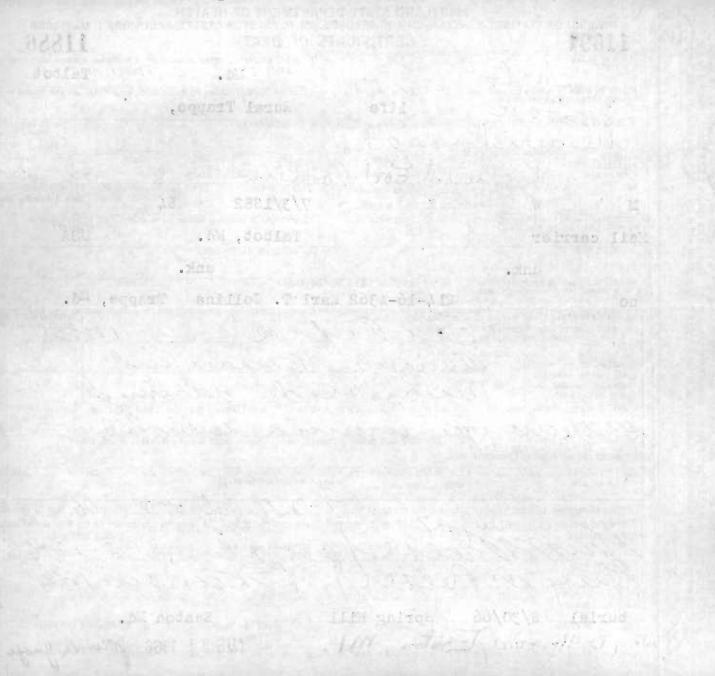
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 hours after death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY the f MARYLAND afte Pages b. CITY OR TOWN (if outside corporate limits. c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) on papers. Pag within 72 hours write RURAL and give nearest town) Oxford = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS NO P be executed within etely rpou 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED any event (Type or print) DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 139t birthday) Months I Davs Hours | WIDOWED DIVORCED 10a. USUAL OCCUPATION (Cive kind of work done) 10b, KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even If retired) INDUSTRY GOUNTRY? timone Baltimone I ruck Univer death certificate ā 13. FATHER'S NAME MOTHER'S MAIDEN NAME removal Susie A. Robins Henry IV. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the atten 0 (Yes, no. or unkown) | (If yes give war or dates of service) Mrs. benner. cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. signed | IMMEDIATE CAUSE (a) burial-tr DUE TO Cenditions, If any, which (b) been gave rise to Immediate the DUE TO cause (a), stating the prior underlying cause last. SP CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES NO T PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) hed f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this (letach 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) det factory, street, office bldg., etc.) Hour a.m. While Not While After ATTENDING p.m. at work at work August P the 21. I certify that (I) (this hospital) attended the deceased from 1966 . __, 19_66, that (I) (we) last July DIRECTOR: shoul 21 1966 and that death occurred at 2 M. from the causes and on the date stated above. August saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING MED. PHYS. M.D. O HOSPITAL 22d. ADDRESS TO FUNERAL 22c. PHYSTCIAN'S director, p NAME (Type) Arthur B. Cecil. Easton, Maryland NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, LOCATION (City, town or county) PEMOXAL (Specify) emeteru FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURE 1966 VR A.15 (4) 20M 1/65

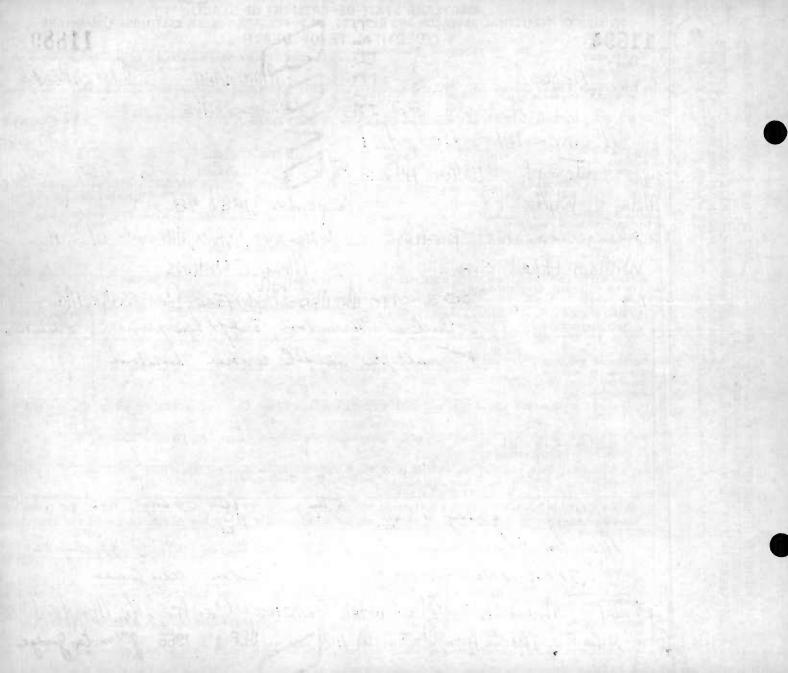
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

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	ITAL OR I may be RAL DIR or, page be filed		22c. PHYSICIAN'S // 1 22d. ADDRESS
	Page 4 may O FUNERAL director, pa	' =	NAME (Type) Stephen P. Carney, Jr. Easten, Maryland
	Page TO Floring Sho	23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
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ei.	1 N)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11894
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	filled paper in 72		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 28 AURORA STREET 28 AURORA STREET ON A FARMY YES NOW
d withi	completely ve arbon event, with	5.	NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED Married Month Day Year OF BIRTH 19. AGE (In years FIINDER 1 YEAR FIINDER 24 HRS
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hat the	ed by transit, transit, crema		PART I. DEATH WAS CAUSED BY: MASSIVE MYOCARDIAL INFARCTION ONSTAND DEATH
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The law	tal or atteriour ificate has be for use as th Health prior i	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO
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NG PHY	d by the no After this d be detack State Dept	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4
ATTENDING	y be retained DIRECTOR: A age 3 should iled with the		21. I certify that (this hospital) attended the deceased from
AL OR	L DIRECT		22a. SIGNATURE M.D. ATTENOING MED. STAFF OIRECTOR PHYS. 22b. OATE SIGNED 22c. PHYSICIAN'S 22d. AODRESS 22d. AODRESS
O HOSPITAL	Fage 4 ma O FUNERAL director, pi should be f	232	BURIAL, CREMATION, 1 230- OATE THEREOF 1 23- NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City, Jown or county) (State)
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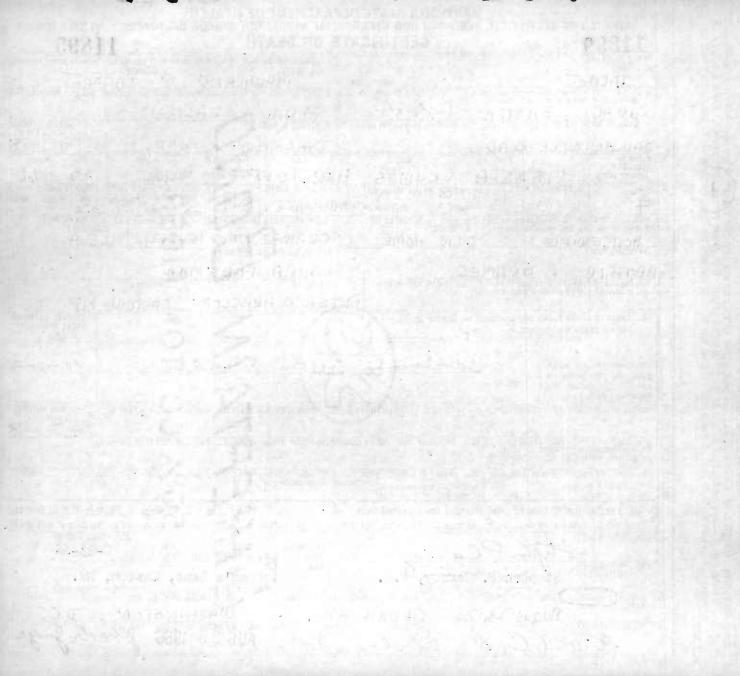
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MARYLAND STATE DEPARTMENT OF HEALTH

	MAKI LAND STATE DELAKTMENT STITLALTIT	
DIVISION OF S	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIN	MORE 1, MARYLAND
11200	CERTIFICATE OF DEATH	11895

	1188			CERTIFICAT	E OF DEATH		11895
1.	PLACE OF DEAT	Н					tion: Residence before admission)
	TALE	OT		MARYLAND	O. STATE ADILL O	b. COUNTY	AL BOT
	b. CITY OR TOW	N (if outside corpo and give nearest t	rate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi		RURAL end give nearest town)
	RUEAL	EAS		60 yrs.	RUBAL	EASTON	20-1
				ospital, give street address)	d. STREET ADDRESS		9. IS RESIDENCE ON A FARM?
	BAILEUS	MECK R	MAD		BAILEYS NE	CK ROAD	YES NO NO
3.	NAME OF	STUMBIC 19	First	Middle		OATE Month	Day Year
17.	(Type or print)	MAD.	CiA	GRYMES H	IERS LO FIT	DEATH AUGUST	23 1966
5.	SEX	6. COLOR OR RAC	E 7. MARRIEO	NEVER MARRIED	8. DATE OF BIRTH		INDER 1 YEAR IF UNOER 24 HRS.
	7	W	WIOOWEO	DIVORCEO	OVEMBER 1, 189"	7 68 yrs. C	nths Oays Hours Min.
10a	. USUAL OCCUPAT	ION (Give kind of wo	rk done 10b. F	(INO OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Gui	HOUSE		Out	11 045	OBANGE, NE	WIFRSEY	U.S.A.
13.					14. MOTHER'S MAIDEN N		
	APTHIE	1. 61	SUMES		LAURA FOR	ZEMAN	
		EVER IN U.S. ARMEO		SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(10	La, no, or unitarity	(II Jes give was or unit	es of service)	PE	TER O. HERS	LOFF EASTO	N-MT.
	18. CAUSE OF	DEATH [Enter only	one cause per f	line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND OEATH
	PART I. DI	EATH WAS CAUSEO IMMEDIATE CAU	BY: SF (a)	nemia			1 day
	1810		UE TO				
	Conditions, If	eny, which)	(b) Ca	remoma	of the ble	adder	10 months
	gave rise to cause (a), s		UE TO		0		
	underlying caus		(c)				
CERTIFICATION	PART II. OTHER	SIGNIFICANTCONDI	TIONSCONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	SECONDITION GIVEN IN PAR	T1(a) 19. WAS AUTOPSY PERFORMED?
ICA							YES NO
RTIF	20a. ACCIDENT	WAS UNDERLYING	FATH 20b.	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injur	y In Pert I or Part II of Ite	em 18.)
	(IF EITHER, NO	TIFY MEDICAL EXA	MINER)				
MEDICAL		INJURY Month, Oa		facto	CE OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
MED	Hour a.s		While at wor	Not While	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	21. I certif	fy that (I) (this ho	ospital) attend	led the deceased from	Dec , 1965	, to 23 day,	19 6 that (I) (we) tast
		ceased alive on_		19 64, and tha	t death occurred at	M, from the causes and	on the date stated above.
1	22a. SIGNATU		-00			STAFF -	2b. DATE SIGNED
		Lugh	· Ca	m.i		TOR PHYS.	8-23-66
	22c. PHYSICI/ NAME (T		en P. Ca	rney, M.D.	22d. ADDRESS	's Lane. East	on. Md.
238	REMOVAL (SP	MATION 23b. OAT		23c. NAME OF CEMETER		3d. LOCATION (City, town	1
04	EUNEDAL OLD	Huque	5723,1966	CEDAR 1		WASHINGTON Y REGISTRAR] 25b. REGIS	STRAR'S SIGNATURE
24	. FUNERAL OIR	X 47	3/	ADDRESS	AUG	2 5 1966 K	liarles Judge
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	1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	0	11900 CERTIFICATE OF DEATH 11896
	24 hours after death. filled in by the funeral appers. Pages 1 and 2 n 72 hours after death	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY D. COUNTY D. COUNTY
	iours after in by the s. Pages 1 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	d in rs. F	4. NAME OF HOSPITAL OR INSTITUTION (If not in no spital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	/ filled papers hin 72 h	Ulluarial Gaspital VES NO X
	e be executed within 24 ho sician and completely filled i lease remove carbon papers, and in any event, within 72 h	3. NAME OF DECEASED (Type or print) Charles E. Harney Death Charles 29 19 606
	compose compos	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTY 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	and remo	MALE NHITE WIDOWED DIVORCED NOVE (6-1893 73 yrs.
	certificate be of the please removal, and in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR line in the foreign country and industry 11. BIRTHPLACE (County & State, in foreign country) 12. CITIZEN OF WHAT COUNTRY? WATER MAN
	mercate mercate moval,	13. FATHER'S MAIDEN NAME
	ding ding remova	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address
	the attend the attend t permit.	(Yes, no, or unkown) (If yes give war or dates of service) Robert Horney Chester MD
	at the death lan. d by the atter ransit permit. cremation, or	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: ONSET AND DEATH
	that sician ned l af-tra al, cr	MMEDIATE CAUSE (a) LUCANIA DUE TO DU
14.	requires that the nding physician. Deen signed by the burial-transit or to burial, crema	Conditions If any which I whome, In a constant which I be
	PHYSICIAN: The law requires that the death the hospital or attending physician. this certificate has been signed by the atte detached for use as the burial-transit permie Dept. of Health prior to burial, cremation, o	gave rise to Immediate cause (a), stating the underlying cause last. (b) DUE TO rephrosilerosis
-	he law or atten tte has use as alth pric	FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY
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	PHYSICIAN: The list hospital or at this certificate hattached for use Dept. of Health	
	ING PHY:	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m.
	D 0 D 0	p.m. 19 at work
	ATTENDI retained CTOR: A should vith the	saw the deceased alive on \$ -29 19 @c, and that death occurred at 10:45 M, from the causes and on the date stated above.
	AL OR A Tay be re I DIREC page 3 filed wi	Robert W. Trever M.D. ATTENDING MED. STAFF 220. 8-29-66
	L P. L	PHYSICIAN'S ROBERT W. TREVER EASTON MD.
	Page 4 roof page 5	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	0	DURIAL SEPT WOODLAWN LASTON D. 24. FUNERAL DIRECTOR ADDRESS ADDRE
	VR A15 (4)	Edgar L' Lane Church Hill Mid, DATE SEP 6 1966 MILLER
	20111 1/00	Too forestes Judge

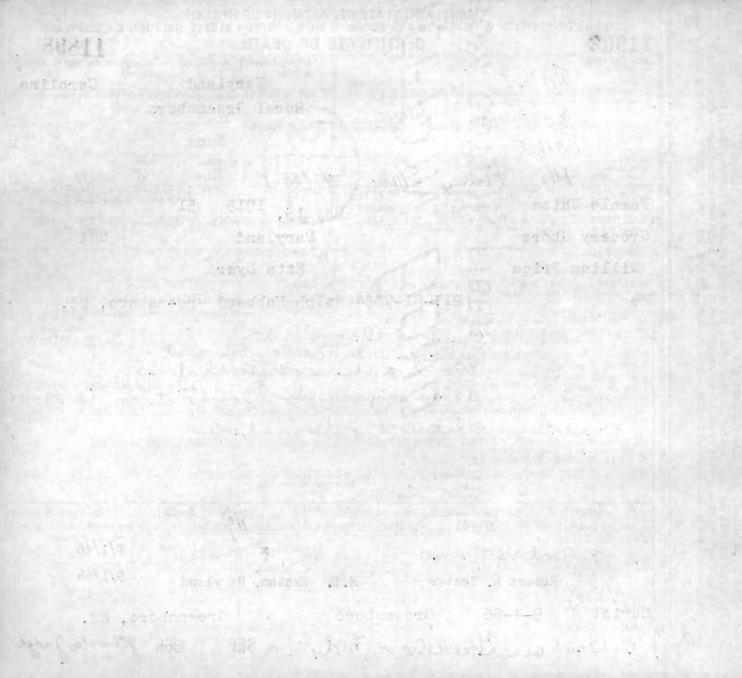
11896 Silver A vention and the same A THE BURNSHOP AND THE PROPERTY OF THE PARTY PIZU SVIETE SAM USAM USAM STAIR Charles and the second SUTTERN YOURSENT TRANSPIL BURIES SEREN NOOR WAS TOOLN THERE'S DAILOR which was a second of the seco

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY 10 death. MARYLAND portment CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 and write RURAL and give nearest town) ofter d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Der haurs Office olong with form State Item 18. Give Pages 24 hours ofter deoth. NAME OF First Middle 4. DATE Day Last Year DECEASED DEATH 1966 (Type or print) IF UNDER 1 YEAR SEX 8. DATE OF BIRTH IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED AGE (In years #E 60 last birthday) Months Days Haurs DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT of working life, even if refired) COUNTRY? INDUSTRY MARVIANC anv **Exominer's** 14. MOTHER'S MAIDEN NAME pencil be executed within = Unknown puo WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, or unknown) (If yes give wor or dates af service or removal. 1B. CAUSE OF DEATH (Enter only one cause per line fay(a), (b), and (c).) INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) This certificate should writing the word cremotion, DUE TO Conditions, if ony, which gove rise ta immediate cause (a). forworded to DUF TO stating the underlying cause 0 00 buriol, WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO the certificote, 0 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) designated ogent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (State) factory, street, office blda., etc.) Not While While FUNERAL DIRECTOR: Page ot work at wark 21. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inspection [Inquiry and in my apinian for the funerol director. death resulted fram: Natural causes Accident Undetermined manner Suicide Hamicide | be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY necessory, Heolth or DEPUTY MEDICAL EXAMINER **EXAMINER'S** may l Thurston Harrison M. D. Address (Street, city, town, for county) NAME (Type BURIAL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify) 25b. REGISTRAR'S 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15ME (50)

MARYLAND STATE DEPARTMENT OF HEALTH

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1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
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executed within 24 hours at and completely filled in by tremove carbon papers. Page 1 any event, within 72 hours a	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED	, ,
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Till Street	William Price Etta Dyer	
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e deat the at it perm	No Ralph Hubbard Greensboro, Md.	7. 1
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uires that the physician. In signed by the purial-transit burial, crem?	Conditions, If any, which) DUE TO Cerebral arteriosclerosis and	
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nding nding s beer s the ior to	cause (a), stating the underlying cause last. (c) acute myocardial infarction 8-29-(06
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The cate r use ealth		0 1
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NG PHYSICIAN: The law requires that the hospital or attending physician, the this certificate has been signed be detached for use as the burial-transtate Dept. of Health prior to burial, cre	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) P.m. 19 at work at work 19 at work	ate)
ING I by After be be Stat		
etained by etained by CTOR: Afte should be ith the Staint	21. I certify that (I) (this hospital) attended the deceased from \$ -29 , 1966, to \$ -31 , 1966, that (I) (we) las
ATT reta reta CTO S sh vith	saw the deceased alive on 8-31 1966, and that death occurred at 116M, from the causes and on the date stated a	bove
DIRE Be ge ed v	22a. SIGNATURE ROBert W. Traver M.D. ATTENDING MED. STAFF 9/1/66 M.D. PHYS. DIRECTOR PHYS. D	
TAL may	22c. PHYSICIAN'S 22d. ADDRESS	
HOSPITAL OR ATTENDIN Page 4 may be retained FUNERAL DIRECTOR. Af director, page 3 should I should be filed with the S	Robert W. Trever M. D. Easton, Maryland 9/1/00	
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or a for EVNERAL DIRECTOR. After this certificate director, page 3 should be detached for use should be filed with the State Dept. of Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State BREMOVAL (Specify) 24-56 (Treepshore) (Treepshore)	le)
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We see we look	1 & B O 1 H . O To l SED C Mendo Pudo	12
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Talbox MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Wittman ittman = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 NO C within etely 3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED event, Louise T. Knox 19 66 (Type or print) DEATH AUDUAT . ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH and emale WIDOWED DIVORCED 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? lousework certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT death (Yes, no, or unkown) (If yes give war or dates of service) none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN law requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a signed DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO T YES 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. After Id be d Not While at work p.m. at work 21. I centify that (I) (this hospital) attended the deceased from DIRECTOR: / age 3 should lied with the . and that death occurred at saw the deceased alive on the causes and on the date stated above. 22a./1SKINATURE 22b. DATE SIGNED DIRECTOR M.D. director, pag should be fill PHYSICIAN'S ADDRESS NAME (Type) BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)

OWNER TO A STREET Constitution of the state of th 12/1/1919 - 58 Female white J.C. C. 1915 with the land out the said and the The Michael & Michael and The same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Queen Anne Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Centreville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO X YES etely rbon p executed within NAME DE First Middle DATE Month Last Day DECEASED Bartlett (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE ပ္ပါစ DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS ev 8. 7. MARRIED NEVER MARRIED Feb. 21, 1892 last birthday) White Months | Days Female. Hours WIDOWED XX DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) physician n please r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Centreville, Maryland Home death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph M. Bartlett Mary Cannon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. C. Tilghman Bishop, Centreville, Md. Unknown No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Cenditions, If any, which gave rise to immediate the t DUE TO cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO' YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) of detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bidg., etc.) Hour a.m. Not While While ATTENDING at work at work P 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should iled with the 23 auch 19 46, and that death occurred at 2 saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS. pa FUNERAL O HOSPITAL director, pr PHYSICIAN'S 22d. ADDRESS HARRISON 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1966 Christ P.E. Churchyard Cambridge, Maryland 25a. REC'D BY REGISTRAR I 24. FUNERAL DIRECTOR. **ADDRESS** 25b. REGISTRAR'S SIGNATURE 1966 VR A15 (4) 1/65

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be iief	00		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple Fractures of the skull 8714	INTERVAL BETWEEN ONSET AND DEATH
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AL EX. Execute To Poge far you	oted		21. I certify that took charge of the remains described above, held an Autopsy, Inspection, Inquiry,	
se ex ector.	signo		deoth resulted from: Natura causes , Accident , Suicide , Homicide , Undetermined monner CHIEF MEDICAL EXAMINER	
	its d		SIGNATURE MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER M.D.	22. DATE SIGNED
O DEPUTY MEETAL EXAM necessory, please execute the funerol director. Page 4 5 may be retained far your Defuneral DIRECTOR: Page	Heolth or		EXAMINER'S NAME (Type) Prold B. Plummer MT) Address (Street, city, town, or county) Pract	offiff
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	0	24	FUNERAL-DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250 REGISTRAN	IGNATURE M.C.
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mt		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301-W. PRESTON STREET, BALTIMORE 1, M.	ARYLAND
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e e e	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. GOUNTY	sidence before admission
ages rs aff		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	and give nearest town
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78		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	ON A FARM?
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)		SEX 6. GOLOR OR RAGE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 ast birthday) Months 70 Appendix 1 1 1 1 1 1 1 1 1 1	Days Hours Min.
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	15. (Ye	. WAS DEGEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SEGURITY NO. 17. INFORMANT Address s, no, or unknown) (If yes give war or dates of service)	
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		22a. SIGNATURE ATTENDING MED. STAFF 22b. DA	TE SIGNED Aug 66
TO FUNERAL DIRECTOR: Af director, page 3 should be filed with the S		22c. PHYSIGIAN'S NAME (Type) R STON HARRISON M.D. PHYS. DIRECTOR PHYS. L. 24 22d. ADDRESS Cartae, Mayland	7
5	23a		nty) (State)
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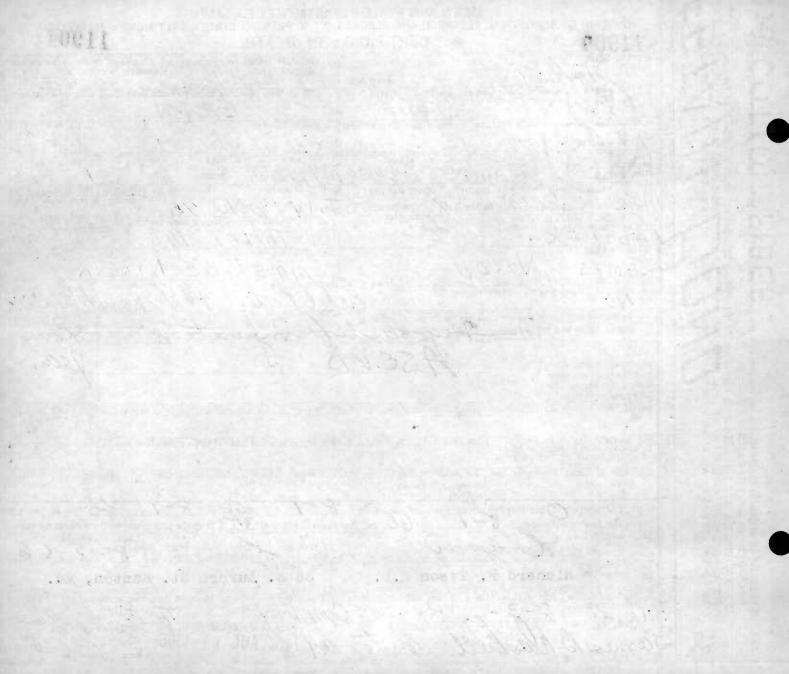
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Page 3 ta death. MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b TOWN (If autside carparate limits, write RURAL and give nearest town) and write RURAL and give peorest tawn) haurs after aun ICHAELS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspita), give street address d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Give Pages ate after death. NAME OF First 4. DATE Day Year DECEASED (Type ar print) DEATH 19 S. SEX 6. COLOR OR RACE NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED last birthday) Manths in Item 18. Hours WIDOWED DIVORCED 24 haurs 10a. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, eyen if retired) 12. CITIZEN OF WHAT COUNTRY? in any e 13 FATHER'S NAME pencil MOTHER'S MAIDEN NAME This certificate shauld be executed within and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no, ot unknown) (If yes give war ar dates af service ar remaval, CAUSE OF DEATH (Enter anly one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the certificate, writing the ward 4 shauld be farwarded ta the C crematian, DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO agent, priar ta 20g. EXTERNAL CAUSE WAS INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item IB.) 3 shauld PRIMARY ☐ ar CONTRIBUTING ☐ EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. ACE OF INJURY (Hame, farm, (City or town) (State) While at wark street, office bldg., etc.) may be retained tar yaur FUNERAL DIRECTOR: Page designated 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry 1 Inspection ond in my opinion deoth resulted from: Accident X Noturol couses. Suicide [Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** lealth a Address (Street, city, tawn, ar caunty) NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY 23d. LOCATION (City or Town) (Caunty) (State) 0 2Sa. REC'D BY REGISTRAR VR A15ME AUG 25 1866

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after by the f Pages 1 irs after Talbox MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write BURAL and give nearest town) within 72 hours hours aston = papers. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 204 Dukes Street NOX YES within completely in NAME OF First Middle Last DATE DECEASED DF (Type or print) DEATH executed 5. SEX COLOR OR DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED 8. NEVER MARRIED last birthday) Months Days Hours any male WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR Ξ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired) INDUSTRY ass Towa Farmina certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME Frederick W. Mueller Wilhelminia Ostermann attendin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. 5 (Yes, no, or unkown) | (If yes live war or dates of service) cremation, 18. CAUSE OF DEATH [Enter only one cause per INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-t DUE TO Cenditions, If any, which gave rise to immediate the to DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19 for use Health PERFORMED? certificate CERTIFICAT YES ! NO F 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After d be d at work p.m. at work 21. I certify that (I) (this deceased from 19 19 that (I) (we) last DIRECTOR: age 3 should led with the and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE page ATTENDING DIRECTOR M.D. PHYS O HOSPITAL FUNERAL 22C. PHYSICIAN'S 22d. DURESS director, p should be NAME (Type) BURIAL, CREMATION, 23b. LOCATION (City/town or county) NAME OF CEMETERY OR CREMATORY 23d. (State) 10 (Specify) aston. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. 1966 VR A15 (4)

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	MARYLAND STATE DEPARTMENT OF HEALTH
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FOR CTURA	11910 Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2121905 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
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Me pe	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
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Par Far ate	21. I certify that I took charge of the remains described above, held on Autopsy 🐼, Inspection 💢, Inquiry 💢, and in my opinion
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O DEPUTY MEDICA necessary, please ex the funeral director. 5 may be retained for 5 FUNERAL DIRECTO Health or its designs	NAME (Type) HAROLD D. Tlummer M. V. Address (Street, city, town, or county)
ro DEPUTY MEDICAL EXAMINE necessary, please execute the cethe functed director. Page 4 sharps 5 may be retained far yaur files of FUNERAL DIRECTOR: Page 3 she Health or its designated agent,	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	TARS. J. J. JOO SURVISET MEMORIAL MARK CHESTER VA.
VR A15MF (5)	24. FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
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	leath c	o iit ie	(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (15 yes give war or dates of service) 219-44-1844 Miss Dorothy Plummer Rt. #1,	Easton, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. In the should be filed with the State Dept. of Health prior to burial, cremation, or removal and it		MEDICAL CERTIFICATION	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 4 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 21. I certify that (I) (this hospital) attended the deceased from 3 and that death occurred at 3 M, from the causes and on 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Stephen P. Carney, M.D. 23d. AOORESS NAME (Type) Stephen P. Carney, M.D. 22d. NAME OF GEMETERY OR CREMATORY 23d. CLOCATION (City, fown or per compared to the course of the cour	PERFORMED? YES NO	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY Dorchester		FWHAT
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No 215-36-1630 Mrs. Lula 3		RFD VAL BETWEEN
No 215-36-1630 Mrs. Lula 3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Construct Remainder Construction of the construction	Right ONSE	T AND DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH completely filled in by the funeral ve carbon papers. Pages 1 and 2 event, within 72 hours after death. 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. CDUNTY b. COUNTY A -BO 1307 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) URA 3 MURAL EASTON 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS DN A FARM? 130 X YES ND 4 completely executed within 3. NAME DE First Middle Last 4. DATE Month Day Year DECEASED DF 3 (Type or print) LEN DRI ER DEATH 1966 0 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min гетоме 5. SEX 6. COLOR OR RACE DATE OF BIRTH 8. 7. MARRIED NEVER MARRIED please removal, and in any e Months Days Hours WIDOWED DIVORCED 23 6 e attending physician a ermit. Then please re 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 12 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY CI CAL 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. OBER 60 M 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) burial, cremation, INTERVAL BETWEEN 18. CAUSE DF DEATH (Enter only one cause per line for (a), (b), and al-transit n signed by burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, If any, which been gave rise to immediate the to DUE TO cause (a), stating the as th underlying cause last. After this certificate has id be detached for use as (c) CERTIFICATION WAS AUTOPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? NO X YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detache State Dept. MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year I 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work p.m. 65 the 21. I certify that (I) (this hospital) attended the deceased from 19 that (I) (we) last director, page 3 should should be filed with the and that death occurred at 123 M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE STAFF ATTENDING M.D. DIRECTOR PHYSICIAN'S ADDRESS 22c. NAME (Type 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) DOD REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS** VR AI5 (4) 20M 1/65

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #11,12,13,11 & 23 a, b & d Film #380 8/21/06 pc

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 2, and 3 ta PM3. Page of Tallot after death. MARYLAND Maryland Caroline delay i Department b. CITY OR TOWN (if autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) 2 days Denton Easton d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE farm ON A FARM? haurs Memorial Hospital YES NO [Give Pages ate 24 haurs after death. NAME OF Middle 4. DATE Month Year DECEASED (Type or print) Lottie M. Robertson DEATH 19 66 Aug along IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 7. MARRIED NEVER MARRIED 7-18-82 last birthdoy) Months Doys Hours in Item 18. WIDOWED -DIVORCED Office event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 1). BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? White Haven,
14. MOTHER'S MAIDEN NAME the certificate, writing the ward "pending" in pencil in 4 shauld be farwarded to the Chief Medical Examiner's 13. FATHER'S NAME be executed within . = George Henry Robertson File pup Charlotte White 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) {(If yes give war ar dates of service) ar remayal, 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Kyphosclerotic cardiac disease years This certificate should writing the ward crematian, Conditions, if ony, which gove rise to immediate cause (a), DUF TO stating the underlying cause 0 burial, nsed 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) please execute the certificate, YES NO to Fractured hip Severe anemia pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) prior PRIMARY G or CONTRIBUTING G CAUSE OF DEATH fell in bath room O FUNERAL DIRECTOR: Page 3 shr Health or its designated agent, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Dov. Year factory, street, office bldg., etc.) Haur a.m. Not While at wark Demton Car Md at wark home Inspection x 21. I certify that I took charge of the remains described above, held an Autapsy , Inquiry [and in my opinian death resulted from Undetermined manner the funeral directar. Natural causes x Accident. Suicide Hamicide may be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 8-16-66 TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Harold B. Plummer NAME (Type) Address (Street, city, tawn, ar caunty) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) 8/18/66 Maryland 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death, hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY e. STATE MARYLANO Pages b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If owtside corporate limits, write RURAL and give nearest town) þ write RURAL and give nearest town) TON = filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS papers in 72 24 ASAING-1 NO C YES law requires that the death certificate be executed within completely NAME OF Middle DATE Month Oay Year 50 Last 3 **OECEASED** OF OFATH (Type or print) 19 6 SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove, 7. MARRIED NEVER MARRIED last birthday) Months **Oavs** Hours and any WIDOWED DIVORCED yrs. physician a = 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INOUSTRY 12, CITIZEN OF WHAT (County & State, or foreign country) ease during most of working life, even if retired) and ARETAKE OP 0 ᇹ 13. FATHER'S NAME MOTHER'S MAIOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) cremation, the INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). burial-transit public burial, cremati signed by PART I. OEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which (b) peen gave rise to immediate the DUE TO cause (a), stating the as the underlying cause last. certificate has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO [50 20a, ACCIDENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) tached for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work p.m. 10 ku P 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last DIRECTOR: saw the deceased alive on 10 lives M, from the causes and on the date stated above. and that death occurred at. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING X MEO. DIRECTOR STAFF PHYS. 11 leus, 46 / lun me FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p HARRISON The REMOVAL (Specify) 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) FUNERAL DIRECTOR ADDRESS 25b. REC'O BY REGISTRAR REGISTRAR'S SIGNATURE VR AIS 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and 2 death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY after on papers. Pages 1 within 72 hours after the MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 24 hours = 45tox Johnan. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO 4 within e < NAME DE First Middle DATE Day Year Last 4. Month DECEASED DF DEATH 西市 remove carb (Type or print) 19 executed 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Jast birthday) Months Oavs Hours Female WIDOWED T OIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12, CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician certificate be during most of working life, even if retired) INDUSTRY and Maryland lousework removal 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAM attending permit. Then + nampton George 1 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT the attendit permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) 217-16-9169 harles cremation. no INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH signed by PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a attending physician. burial-t **OUE TO** Conditions, If any, which peen gave rise to Immediate the DUE TO cause (a), stating the prior t underlying cause last. has (c) 38 CERTIFICATION PART II. QIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate YES NO X 20a. ACCIDENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part II of item 18.) detached for the Dept. of I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. S MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) a After Hour a.m. While Not While at work p.m. 19 at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from AM, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 222 SIGNATURE OATE SIGNED 22b. ATTENDING MED. STAFF DIRECTOR PHYS TO HOSPITAL Page 4 may PHYSICIAN'S AODRESS director, p 22d. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION.I Methodist (emetery pecify) REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 20M

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. and death 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY etely filled in by the furbon papers. Pages 1 a within 72 hours after d a. STATE b. COUNTY albot MARYLAND Delaware Kent

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b hours Michaels weeks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Vista NO F etely carbon NAME OF DECEASED First Middle DATE Month Day Year 4. event, compl (Type or print) DEATH Ingenh Rollins Stewart 19 6. COLOR OR RACE | 7. MARRIED AGE (In Years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 8. DATE OF BIRTH NEVER MARRIED Months | Days Hours any WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be COUNTRY? 13. FATHER'S NAME Ctati 0 MOTHER'S MAIDEN NAME attending Thomas Samuel Richards 15. WAS DECEASED EVER IN U.S. ARMED FORCES? the attendit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Address 6 Governors Ave (Yes, no, or unkown) | (If yes give war or dates of service) cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH al-transit PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed Jins s been s the burial, o burial, o DUE TO Cenditions, If any, which gave rise to Immediate DUE TO cause (a), stating the prior underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY r this certificate hetached for use te Dept. of Health for use Health PERFORMED? YES T NO V 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While p.m. at work at work FUNERAL DIRECTOR: / director, page 3 should the filed with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 74M, from the causes and on the date stated above. saw the deceased alive on 10 22b. DATE SIGNED M.D. DIRECTOR HYSICIAN'S 22d. director, p BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) LOCATION (City, town or county) 23d. 0 REMOVAL (Specify) 24. FUNERAL STRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1966 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Pages 1 after of b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours Ξ. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled papers in 72 d. STREET ADDRESS e. IS RESIDENCE DN A FARM? NO A within etely carbon NAME OF First . DATE OF DEATH Middle Last Month Day Year event w DECEASED ve car (Type or print) 1966 executed 6. COLOR OB RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. 7. MARRIED NEVER MARRIED Months Davs Hours in any and WIDOWED DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS DR 12. CITIZEN OF WHAT COUNTRY? physician 11/BIRT HPLACE (County & State on foreign country) lease and ir certificate be during most of working life, even if retired) INDUSTRY 급 removal, FATHER'S NAME MOTHER'S MAIDEN NAME attending ph transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17. INFORMAN Address death (Yes, no, or unkown) (If yes give war or dates of service) the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN law requires that the ONSET AND DEATH à PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) attending physician. signed burial-t burial, Conditions, If any, which peen gave rise to immediate 유 DUE TD cause (a), stating the prior underlying cause last. (c) 38 CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. Health The PERFORMED? certificate NO F 0 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: r this certify detached for the Dept. of A DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, (County) (State) factory, street, office bldg., etc.) Hour a.m. After While Not While ATTENDING p.m. at work at work DIRECTOR: A age 3 should lied with the 9 P hospital) 21. I certify that (I) attended the deceased from. 19, 00, to. that (I) (we) last saw the deceased M. from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE DATE SIGNED page : ATTENDING MED. DIRECTOR STAFF PHYS. M.D. PHYS. O HOSPITAL FUNERAL PHYSICIAN'S director, p 22d. RUDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23c4 FUNERAL DIRECTOR LEC'D BY REGISTRAR ADDRESS REGISTRAR'S SIGNATURE VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY after MARYLAND Carolina Pages urs afte b. CITY OR TOWN If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by the bound of hours write RURAL and give nearest town) Federalsburg. d. NAME OF HOSPITAL OR INSTITUTION (if not inthospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? Bloomingdale Ave. NO TO YES within and completely remove carbon p any event, withi etely NAME DE First Middle Last .. Oay DECEASED (Type or print) DEATH executed 6. COLOR OR RACE 5. SEX 8. OATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. 7. MARRIED 9. NEVER MARRIED Male White WIDOWED May 1895 OIVORCEO [3 1Da. USUAL OCCUPATION (Give kind of workdone) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and ir pe during most of working life, even If retired) INDUSTRY COUNTRY? Tarmer Retired Farmer Caroline Co. Md death certificate d 13. FATHER'S NAME attending phy ermit. Then p n. or removal, 14. MOTHER'S MAIDEN NAME Alva B. Todd Cora Towers ed by the attend transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no, or unkown) (If yes give war or dates of service) Mrs. Viola B. Towers Federalsburg 14-32-7327 NO been signed of the burial transit rior to burial, cremat CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH won ask melleur per ile PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use for use Health The PERFORMED? certificate There bases alulua L NO YES PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) this certi detached f Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) det factory, street, office bldg., etc.) Hour a.m. While Not While After State p.m. 19 at work at work 12 auc P DIRECTOR: age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on and that death pocurred at VI. from the causes and on the date stated above. 22a. SIGNATUBE DATE SIGNED 22b. De oe page ATTENDING 13 aug 66 I leen Mr PHYS DIRECTOR HOSPITAL FUNERAL PHYSICIAN'S ADDRÉSS director, p THURSTON HARRISON 23a. BURIAL CREMATION.I 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 FUNERAL DIRECTO AOORESS GEC'D BY REGISTRAR VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. USUAL RESIDENCE (Where deceased lived, II institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Queen MARYLAND. AR b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours EVENSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO X YES etely executed within pou NAME DE First Middle Day DATE Last Month Year DECEASED OF DEATH event, (Type or print) 19/ 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS етоме NEVER MARRIED 7. MARRIED last birthday) Months Days Hours WIDOWED DIVORCED [20-1 YES. 10a, USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) certificate be during most of working life, even if retired) INDUSTRY ici as NONE 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. transit permit. Then, cremation, or retain OSEPH BERT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (II yes give war or dates of service) requires that the death 18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH I-transi PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been Signal-tracks the burial, c DUE TO Conditions. If any, which (b) rise to immediate DUE TO cause (a), stating the as th underlying cause last. (c) Me. CATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO T YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) of detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work After Not While 19 at work P that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19 19 DIRECTOR: age 3 should led with the and that death occurred at # 34 A.M. from the causes and on the date stated above. saw the deceased alive on SIGNATURE DATE SIGNE 22b. 22a. ATTENDING STAFF DIRECTOR M.D. PHYS. HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. **ADDRESS** director, p NAME (Type) Hatfield. William H. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 25a. 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and 2 PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY after after the MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b C. CITY OR I WN (If outside corporate limits, write RURAL and give nearest town) PY write RURAL and give nearest town) hours = filled e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 24 bon pap YES NO L executed within completely 3. NAME DE First Middle Last 4. DATE DECEASED event, (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR | last birthday) | Months | Days 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS emove 7. MARRIED 8. 9. NEVER MARRIED Hours any and WIDOWED T Vrs 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND DF BUSINESS DR LACE (County & State, or foreign country) ician sase r 12. CITIZEN OF WHAT turing most of working life, even If retired) death certificate be INDUSTRY COUNTRY? physic n plea FATHER'S NAME attending primit. Then remov 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Addı been signed by the attenthe burial-transit permit. (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b) and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TD Conditions, If any, which gave rise to Immediate DUE TD cause (a), stating the 0 underlying cause last. as (c) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hither than the ce PERFORMED? ND [YES PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1 of Item 18.) detached for 20d. INJURY DCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While retained by ATTENDING p.m 19 at work at work P should ith the 21. I certify that (I) (this hospital) attended the deceased from OIRECTOR: age 3 should led with the saw the deceased alive. and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED MED. STAFF page MD PHYS. DIRECTOR PHYS. Page 4 may O HOSPITAL FUNERAL director, pr 220. PHYSICIAN'S 22d. ADDRESS NAME (Type NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City, town or county) (State) BURIAL, CREMATION, DATE THEREOF REMSTRAR'S S FUNERAL DIRECTOR VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11922 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH Talbot USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Maryland b. COUNTY Talbox P.M.3. Page MARYLAND b. CITY OR TDWN (If outside corporate limits. c. LENGTH OF STAY IN 1h c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural (ordova nunal d. STREET ADDRESS #1, Box 125 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE DN A FARMAL NAME OF 4. DATE LORRADNE WHOTE Month DECEASED August 30 1966 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED 4 ost birthdoy) white Months Lemale Hours 16. 1926 WIDOWED # DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY 2 New Jersey
14. MOTHER'S MAIDEN NAME _= 13. FATHER'S NAME Edgar Ewing Ruth Talley 16. SDCIAL SECURITY ND. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes no or unknown) (If yes give wor or dotes of service) 152-18-8069 or removol, Mrs. Ruth Ewing Trappe, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY: NTERVAL BETWEEN jun shot wound - chest ONSET AND DEATH IMMEDIATE (AUSE (o) certificote should cremation, inflictel sudden Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMEO? PART II. OTHER SIGNIFICANT (DNDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO S 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING X CAUSE OF DEATH. 20b. DESCRIBE HDW, INJURY DCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) foctory, street, office bldg., etc.) Not While of work moy be retoined for your FUNERAL DIRECTOR: Poge 30 aug 1966 Skepton 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 🔀 Inquiry , ond in my opinion death resulted from: Notural causes Accident . Suicide X. Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 20 aug 1,6 5 moy be 10 FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** MARRISIN THURSTON Address (Street, city, town, or county) NAME (Type) 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. OATE THEREOF 23d. LOCATION (City or Town) Windy Hill Cemetery rural Trappe 25o. REC'D BY REGISTRAR DATE SEP 2 VR ATSME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY and completely filled in by the freenove carbon papers. Pages 1 any event, within 72 hours after after TALBOT MARYLAND MARULAND TALBOT b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) 8 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) RURA ROUALOAK filled i e. IS RESIDENCE d. STREET ADDRESS 24 DN A FARM? THLE PLAINDEALING ND X YES executed within NAME DE Middle Last DATE Oay Year 4. Month DECEASED OF DEATH (Type or print) HUGUST UATER 1966 LOSEPH HENSI 5. SEX 6. COLOR OR RACE OATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIEO physician and can please removed in any e last birthday) Months Oays Hours MARCH 00 WIDDWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? LUBRICATION U.S.A SALES MANAGER 4 SOMITH ermit. Then ple on, or removal, a 13. FATHER'S NAME MOTHER'S MAIDEN NAME EMMA CROOKS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SALLIE 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) FUNERAL OIRECTOR: After this certificate has been signed by the at ricetor, page 3 should be detached for use as the burial-transit permould be filed with the State Dept. of Health prior to burial, cremation, MRS. J. HENRY VATER 006-10-1264 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. ONSET AND OEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMEO? YES NO M 20a. ACCIDENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED. (Enter nature of Inlury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURREO 20f. (City or town) (County) (State) Hour a.m. While Not While 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from 1964. to any 19 G.C. that (I) (we) Jast 1966 and that death occurred at 5 A.M. from the causes and on the date stated above. saw the deceased alive on_ 22a. SIGNATURE 22b. OATE SIGNED ATTENDING PHYS. MEO. DIRECTOR STAFF PHYS. M.O. AOORESS 22c. PHYSICIAN'S 22d. director, p NAME (Type) DICHMANS ARNEU OATE THEREOF NAME OF CEMETERY OR CREMATORY 23a. /BURIAL, CREMATION, 23b. 23c. (State) 23d. LOCATION (City, town or county) REMOVAL\(Specify) DUDU W015 = 24. FUNERAL DIRECTOR ADDRESS 25a. REG'D BY REGISTRAR REGISTRAR'S SIGNATURE VR AI5 (4) DATE 1/65

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